

SECTION III - SEPARATION STATEMENTS AND FACT FINDING INTERVIEWS

1. Claimant/~~Employer~~ Separation Statement Form IB-3

a. Page 1 of Form.

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b. Page 2 of Form.

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c. Number of Copies and Distribution. The Claimant/-Employer Separation Statement, Form IB-3, should be prepared as a letter sized (8 1/2" X 11") three part snap-out carbon assembly for manual preparation. However, it may also be electronically produced with copies sent to the employer and the Liable State, and a copy maintained for the Agent State record.

d. Purpose and use of Form IB-3. The Form IB-3 is designed to obtain separation information from the claimant and the last employing unit. This form is used at the Liable State's option. The Liable State's choice is shown on the Summary Page electronic Handbook for Interstate Claimstaking. The options are as follows:

Option 1 - Complete an IB-3 for the last employing unit, regardless of the reason given for separation or the location of the employer.

Option 2 - Complete an IB-3 for the last employing unit, regardless of the reason given for separation, if not located in the Liable State. If the last employing unit is located in the Liable State, use an IB-11S for separation issues.

Option 3 - Do not use the IB-3. Prepare an IB-11S for appropriate separation issues. Consult the Handbook to determine the separations for which the Liable State needs Fact Finding Report.

e. Form IB-3 Returned as Undeliverable. If the postal service returns this form as undeliverable and the employer is located in the Agent State, the Agent State should immediately try to obtain the employer's correct address and remail the form showing the new mailing date in the appropriate space. When the employer is located in a State other than the Agent State, and Agent State cannot obtain a correct address, the Agent State should immediately send the returned form together with the envelope to the Liable State as notification that the form did not reach the employer.

f. Preparation of Form IB-3. The claimstaker should insert the name of the Liable State and ask the claimant to complete Part I. Claimstakers accepting initial claims in a remote claimstaking environment must complete all sections of the form.

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If additional space is needed to explain details of a separation, a Fact Finding Report, Form IB-11, should be used and attached to the Form IB-3. Agent State staff should ensure that the claimant's statement is clear, legible, and complete. If necessary, the Agent State staff member should provide an additional statement on the Form IB-11.

If the Liable State elects Option 1, this form is always completed with reference to the last employing unit. If the Liable State elects Option 2, this form is completed only if the last employing unit is not located in the Liable State. This form is never used under Option 3.

The original or an electronically created copy is mailed directly to the employer showing the address of the Liable State to which it must be returned within the number of days indicated by that Liable State in the Handbook.

If the Liable State indicates that it requires separation information from other employers in addition to the last employing unit, complete a SeparatioEn Fact Finding Report, Form IB-11S for those employers where the reason for separation is other than "lack of work".

Part I of the Form IB-3 should be completed as follows:

(1) Item 1, Name. The claimant's full name should be entered. If another name was used when working for the employer, that name should be entered in the space provided.

(2) Item 2, Other Names Worked Under. The name by which the claimant is known to the employer should be entered.

(3) Item 3, Social Security Number. The claimant's number as shown on the social security card should be entered.

(4) Item 4, Employer Name and Address. The name and address of the last employer for whom the claimant did any type of work should be entered.

(5) Item 5, Type of Work. The type of work performed for the employer shown should be entered.

(6) Item 6, Last Period of Employment. The beginning and ending dates of the claimant's most recent period of

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employment before the effective date of the initial claim should be entered.

(7) Item 7, Hours of Work. The hours of the claimant's regular work shift, including the indicator of a.m. or p.m., as appropriate, should be entered.

(8) Item 8, Rate of Pay. The claimant's most recent rate of pay and a check of the appropriate box to show whether the amount shown was per hour, week, or month should be entered.

(9) Item 9, Number of Days Worked Per Week. The number of regular work days per week normally worked by the claimant should be entered.

(10) Item 10, Total Earnings. The claimant's total gross earnings during the period of employment shown in item 6 should be entered.

(11) Item 11, Name and Title of Supervisor. The name and title of the claimant's immediate supervisor should be entered.

(12) Item 12, Support of Household. The appropriate box to indicate whether the claimant is or is not the major support of the household should be checked.

(13) Item 13, Reason for Separation. The appropriate box to indicate why the claimant is no longer working for the employer shown in Item 3 should be checked. If a claimant was discharged, the name of the person who told the claimant should be entered.

(14) Item 14, Details of Separation. If a claimant quit or was discharged, the appropriate box should be checked and complete details of the reason(s) entered. If additional space is needed, a Fact Finding Report, Form IB-11 should be used for continuation.

(15) Item 15, Claimant Actions to Avoid the Quit or Discharge. The actions taken by the claimant to avoid quitting or being discharged should be explained.

(16) Item 16, Certification; Claimant's Signature; and Date. Ask the claimants to read the certification and enter

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their signature or enter "telephone claim" and the date the statement was given, as appropriate.

(17) Item 17, Mailing Date. Enter the date on which this form is mailed to the employer.

(18) Item 18, Agent State Representative. The name of the Agent State staff member who accepts this completed statement from the claimant as being legible and adequate for transmittal should complete Items 17, 19, 20 and the "Notice to Employer" should be entered.

(19) Item 19, Agent State FIPS Code. Enter the two digit Agent State FIPS Code.

(20) Item 20, Agent State Local Office Number. Enter a four digit local office or claims center identifying number. If the assigned number is less than four digits, enter "0" in front of the number to fill the four boxes (example: local office number 538 = 0538).

(21) Notice to Employer. Enter the number of days that the employer has to respond and check the appropriate language of the instruction. To determine the appropriate response time and language, refer to the Liable State's section of Handbook. (Example: If the Liable State indicates, "postmarked - 10 - Work" or is coded "P 10 W", the sentence must read "Your reply must be [] received [] mailed [X] postmarked within 10 [] calendar [X] work days of the mailing date shown in Item 17, above, to the address indicated below.")

(22) Mail Reply To. The Agent State staffmember accepting or completing this form should enter the mailing address of the Liable State in this space. Agent States may elect to preprint labels for most frequently used Liable State addresses.

(23) Part II, Employer Statement. Self-explanatory. Completed by the employer.

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2. Separation Fact Finding Report, Form IB-11S (8" X 10 1/2")

a. Face of Form

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b. Back of Form

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c. Purpose. Form IB-11S is used to record the claimant's and the Interviewer's statements during a separation factfinding interview. A separation factfinding interview should be conducted for any separation which may be disqualifying under the Liable State's law and the use of Form IB-3 is not appropriate. The report to the Liable State should include a statement from any local employer if one can be obtained by telephone on the day of the interview.

This form is not to be used when requesting reconsideration or redetermination of a nonmonetary determination (see Section III (3)(b)).

d. Number of Copies and Distribution. Form IB-11S is prepared in triplicate. The original is sent to the Liable State, together with the initial claim and other related forms. The duplicate is kept in the Agent State local office and the triplicate is given to the claimant. If the claim is taken under remote claimstaking procedures, prepare the Form IB-11S in duplicate and attach a copy of the initial claim and maintain a copy in the Agent State record.

e. Preparation of Form IB-11S. All entries must be legible, and should be printed if legible writing cannot be obtained. This form is intended to be self-filed by the claimant except for the interviewer's comments. Under remote claimstaking procedures, this form is completed by the claimstaker.

Instructions are given below for only those items which may not be self-explanatory.

(1) Claimant's Statement. When possible, the claimant should complete this portion (Items 1 through 9). If the claimant cannot do so, the interviewer should complete these items. Write in the first person and enter only information pertinent to the issue involved. If additional space is needed, use the space in Item 8. Under remote claimstaking procedures, the claimstaker will solicit information from the claimant and complete this form.

(2) Additional Claimant Statement. Use this space to add any pertinent details regarding the issue which the claimant may have omitted, or if there is not enough space under Items 6 or 7.

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(3) Claimant's Signature. Ask the claimant to read any portion of the statement which was not completed by him/her. If a claimant has any difficulty reading the statement, read it to him/her. Make any changes, additions or deletions which the claimant requests. Have the claimant date and sign the form. If a claimant cannot or will not sign the statement, explain the reason in Item 10, Interviewer's Statement. When the claim is taken under remote claimstaking procedures, read the statement to the claimant, make any changes, additions or deletions which the claimant requests and enter "telephone claim" in space for claimant's signature.

(4) Interviewer's Statement. The interviewer should contact the employer listed in Item 1 if that employer is located in the area. Record information gathered and properly identify the source. If necessary, document labor market data and include an evaluation of the credibility of the statements made by the claimant. Enter any additional information pertinent to the issue and not contained in the claimant's statement.

(5) Interviewer's Signature. The interviewer should sign his/her name, not the name of the supervisor or manager of the office.

(6) Date of Interview. Enter the date of the claimant interview. If more than one interview is being reported on the same form, show in the Claimant's Statement the dates when the different information was obtained.

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3. Fact Finding Report, Form IB-11 (8" X 10 1/2")

a. Face of Form

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b. Purpose. This form is used as follows:

(1) as a continuation sheet when the space provided on the forms IB-3 and IB-11S is insufficient to record the claimant's statement or the interviewer's factfinding;

(2) to record nonseparation factfinding interviews; and,

(3) when a claimant requests reconsideration or redetermination of a nonmonetary determination prior to filing a formal request for a hearing as required by some States (consult the Handbook, Page B.). See Section VII (3)(B) for use of Form IB-14 when a claimant requests reconsideration of a monetary determination.

c. Number of Copies and Distribution. Complete form in triplicate. When it is being used as a continuation sheet to a Form IB-3 or IB-11S, attach corresponding copies to each copy of the Form IB-3 or IB-11S. When it is used to record a nonseparation factfinding interview or, to request reconsideration or a redetermination of a nonmonetary determination prior to appeal, send the original to the Liable State, the duplicate is kept by the Agent State and the triplicate is given to the claimant. When the claim is taken under remote claimstaking procedures, no copy for the claimant is required.

d. Preparation of Form IB-11. All entries must be legible, and should be printed if legible written entries cannot be obtained. Instructions below are for those items which may not be self-explanatory.

(1) Issue. Enter the key eligibility or disqualification issue. If the IB-11 is being prepared as a request for reconsideration or redetermination, enter "Request Reconsideration" or "Request Redetermination."

(2) Claimant's Statement. Write in the first person and enter only pertinent information on the issue involved. Do not repeat information previously furnished to the Liable State. It should be remembered that this is the claimant's statement and is being written for the claimant's benefit. If additional space is needed, use the back of the form.

(3) Claimant's Signature, Date Signed and Telephone Number. The claimant should sign, date and enter his/her telephone number on the form. If the form was completed by an

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Agent State staffmember, ask the claimant to read the statement and make changes, additions, or deletions which he/she believes proper. If the claimant has difficulty reading the statement, read it to him/her. If the claimant cannot, or will not sign the statement, the interviewer should explain the reason.

(4) Interviewer's Statement. Enter additional information which is pertinent to the case but not contained in the claimant's statement. This information should include labor market data, and the interviewer's evaluation of the credibility of the claimant's statements and other such information as the interviewer would need to determine the issue. Include any properly identified information reported by persons other than the claimant, e.g., an employer's statement concerning the claimant. If additional space is needed, use the back of this form.

(5) Interviewer's Signature. Claims interviewer should sign his/her name, not the name of the supervisor or manager of the local office.

(6) Interview Date. Enter the date of the claimant interview.

(7) Agent State Local Office Address and Number. Print, type, or rubber stamp the Agent State local office address and number in this space.